



Environmental Justice and GxE Research: Experiences from Working with Indigenous Communities

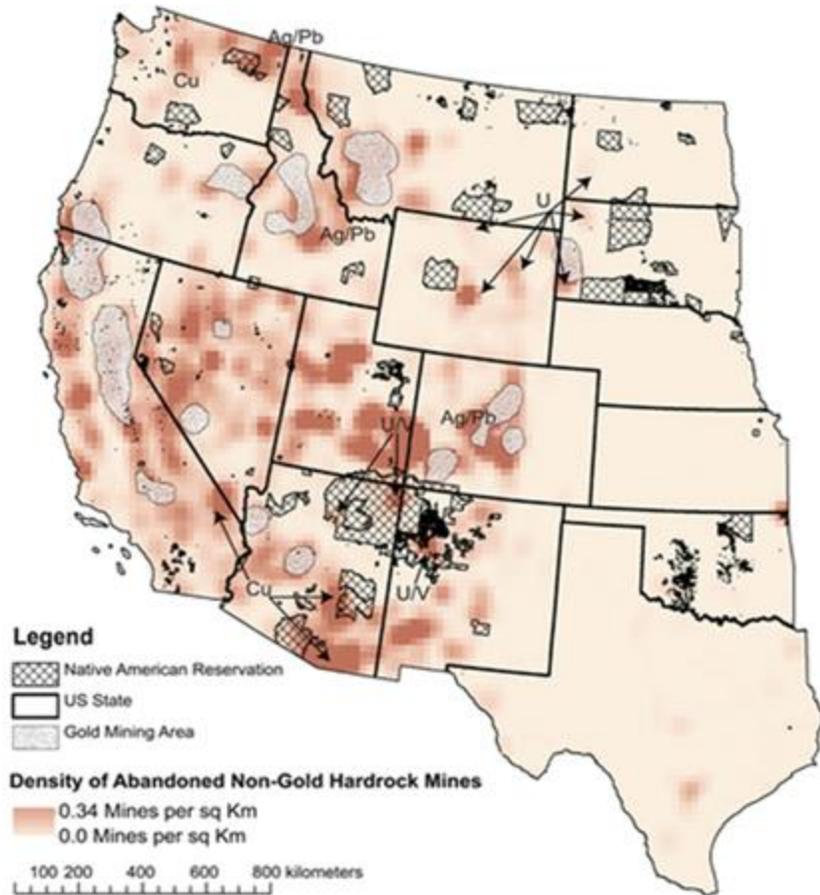
Ana Navas-Acien, MD, PhD

Environmental Health Sciences

Columbia University Mailman School of Public Health



Environmental justice in Indigenous communities



Source: Lewis et al. 2017



Source: NoDAPLArchive

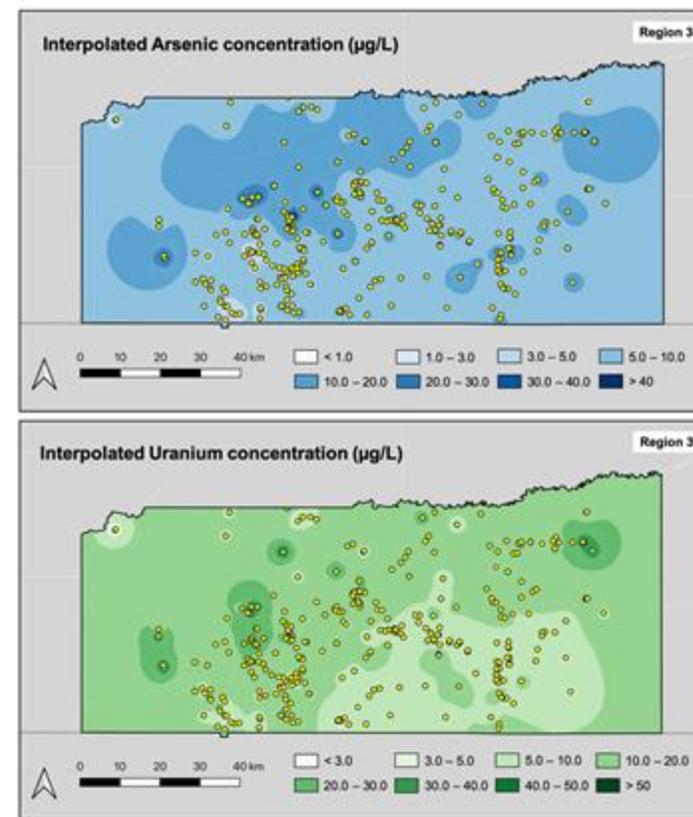
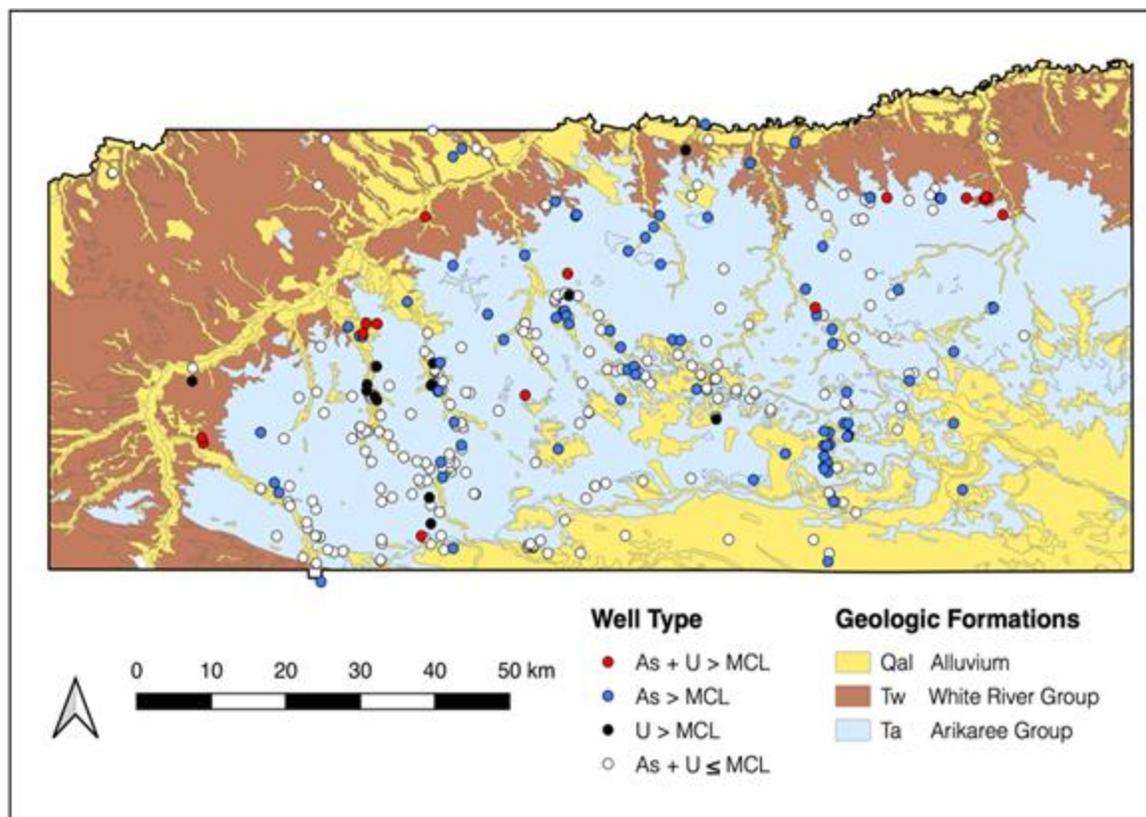
Arsenic and uranium spatially correlate in water samples in a Indigenous community in South Dakota



Marisa Sobel



Ben Bostick



R01ES025135

Strong Heart Study

**Population-based longitudinal study funded by NHLBI since 1988
and also supported by NIEHS since 2012**

- N = 7,600 adults
- 13 tribes and communities





Arizona



North/South
Dakota



Oklahoma

Strong Heart Study: Participatory Science

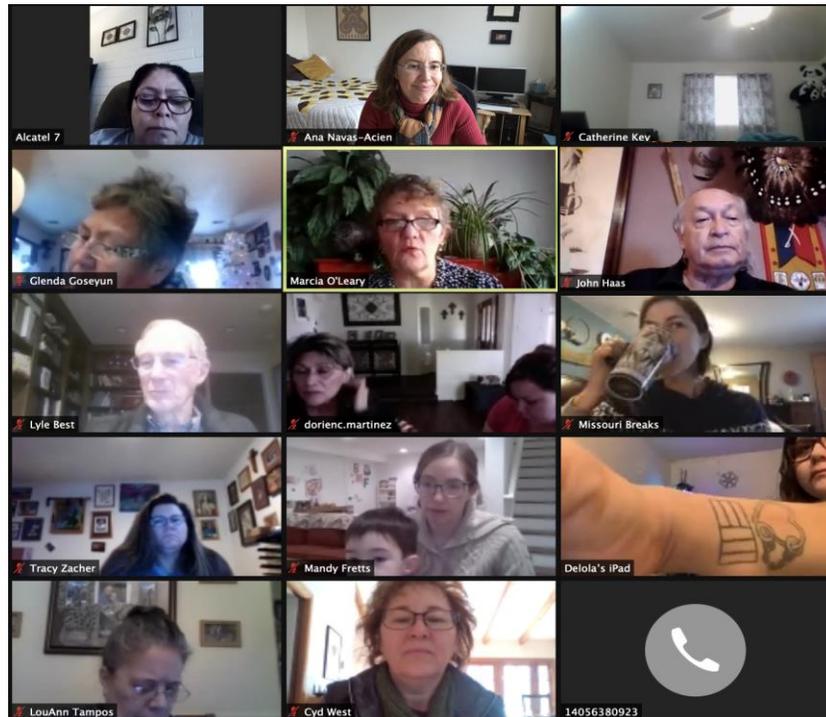


Eagle Butte, South Dakota,
Strong Heart Study
Steering Committee meeting
October 2015

Strong Heart Study: Participatory Science



Eagle Butte, South Dakota,
Strong Heart Study
Steering Committee meeting
October 2015



Local research team in South Dakota



MISSOURI BREAKS
Creating Opportunities for Health



Marcia O'Leary
Missouri Breaks Director

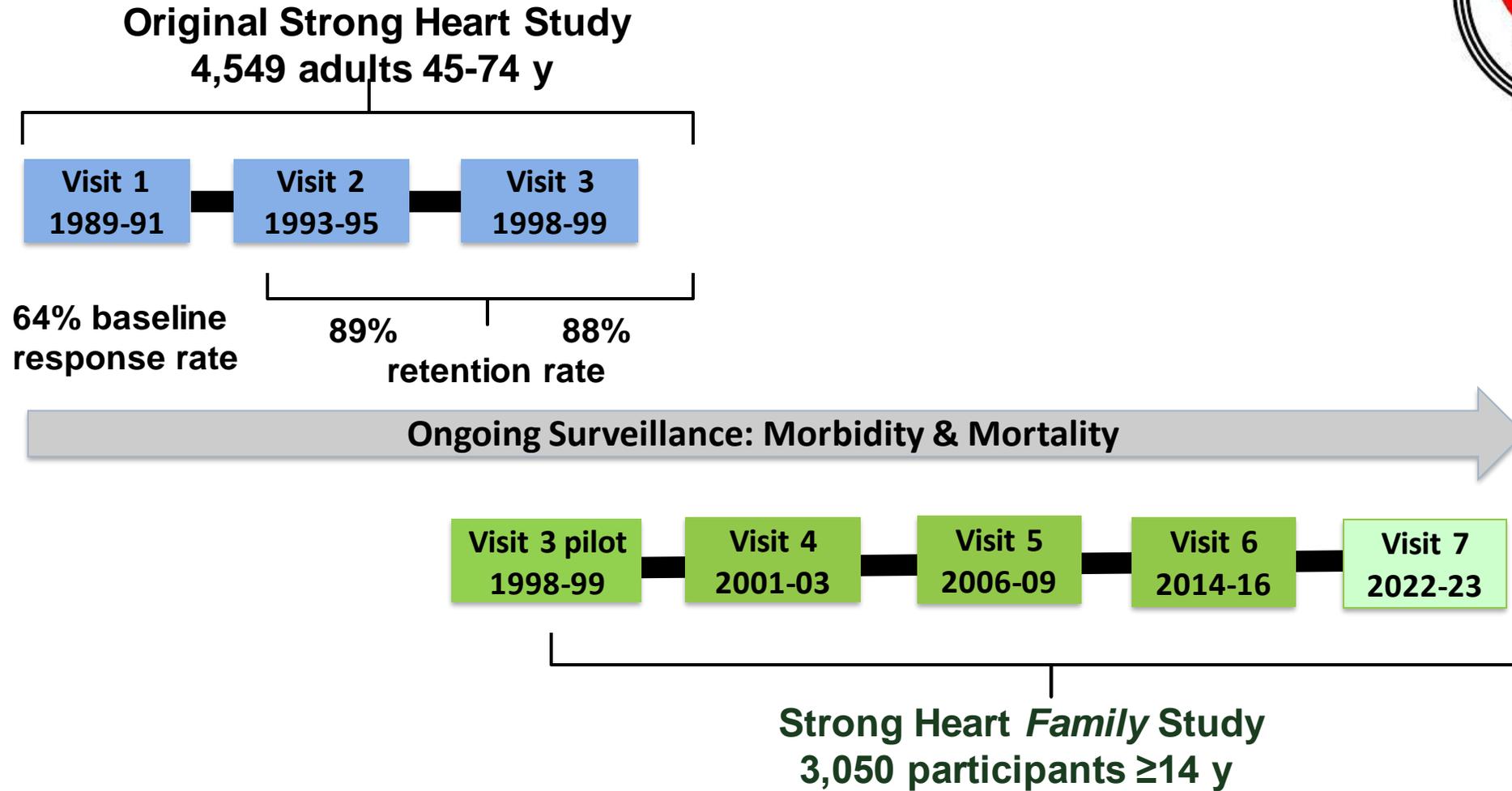
Indigenous principles that motivate our work and partnership

- Collective leadership
- Value traditional knowledge
 - Water is life (Mní wičhóni)
 - 7 generations principle
 - Relationality – connections in a circular rather than linear process

Indigenous principles that motivate our work and partnership

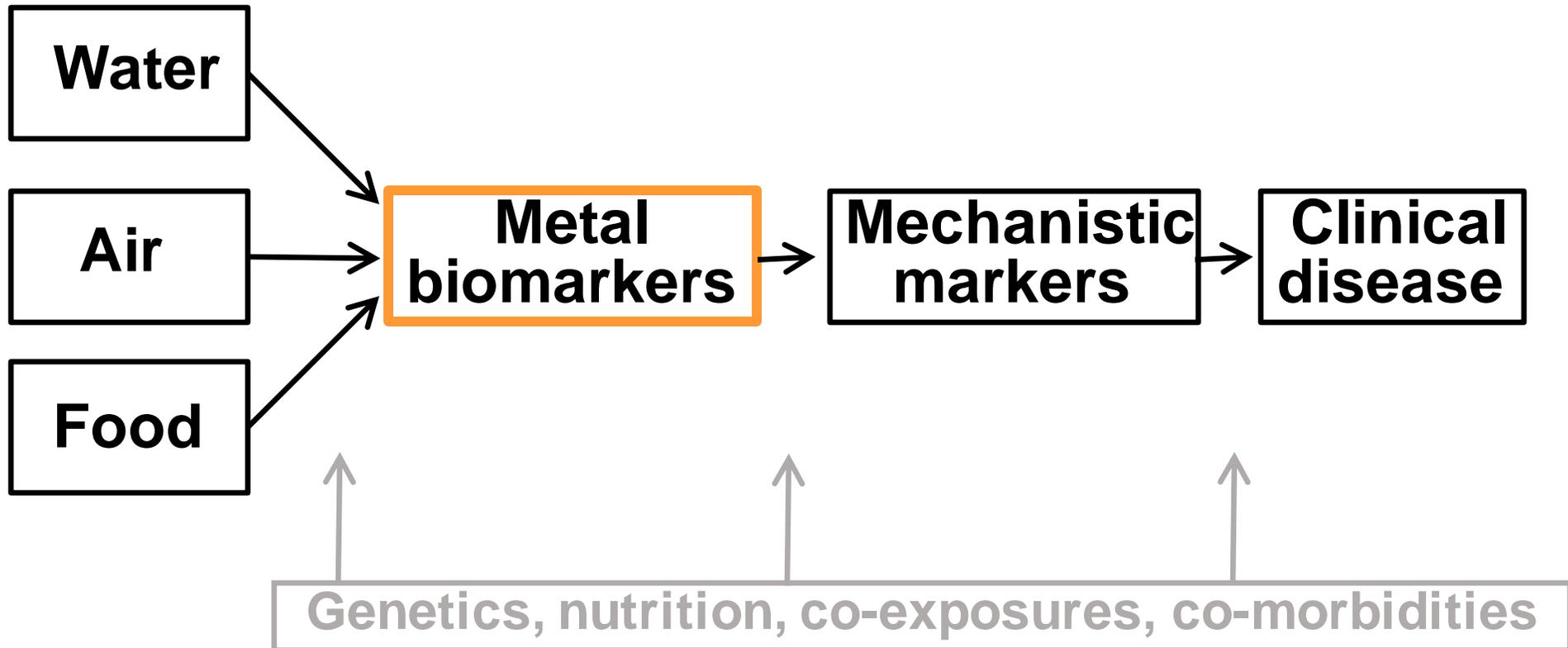
- Collective leadership
- Value traditional knowledge
 - Water is life (Mní wičhóni)
 - 7 generations principle
 - Relationality – connections in a circular rather than linear process
- Accept research codes the tribes have developed:
 - Sovereignty and data ownership
 - Tribes RRBs and Indian Health Service IRBs
 - Protocols, publications, lay summaries
 - Communication of study findings (individuals, community)

Prospective cohort study



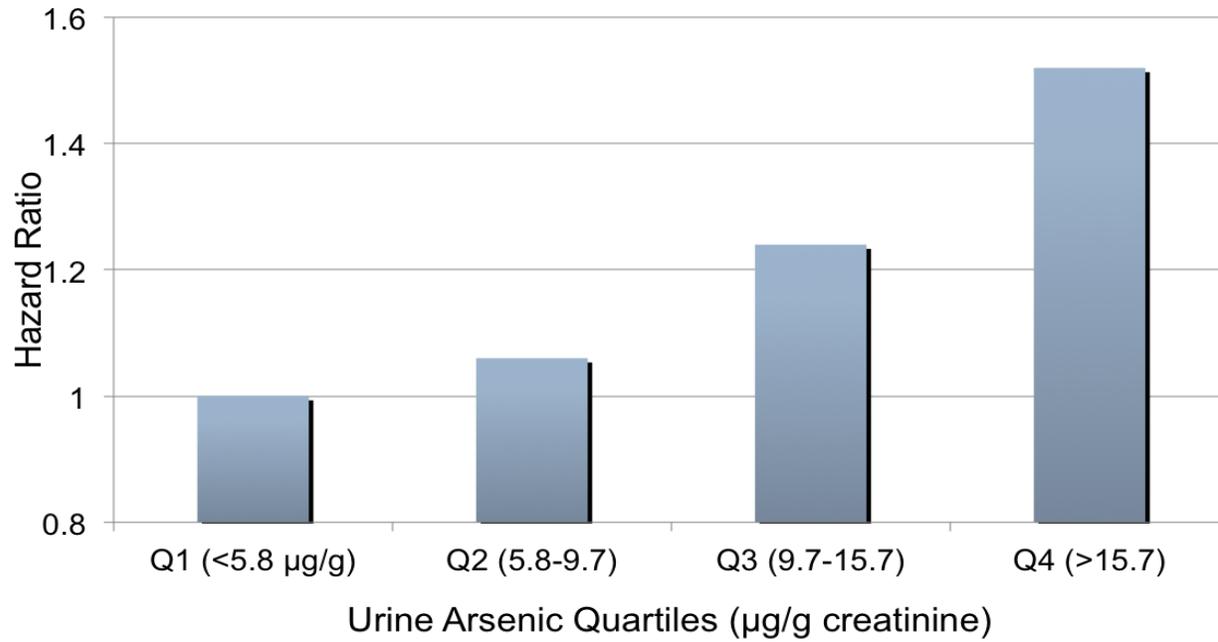
Continuous funding critical to maintain sustainable research projects

Conceptual framework



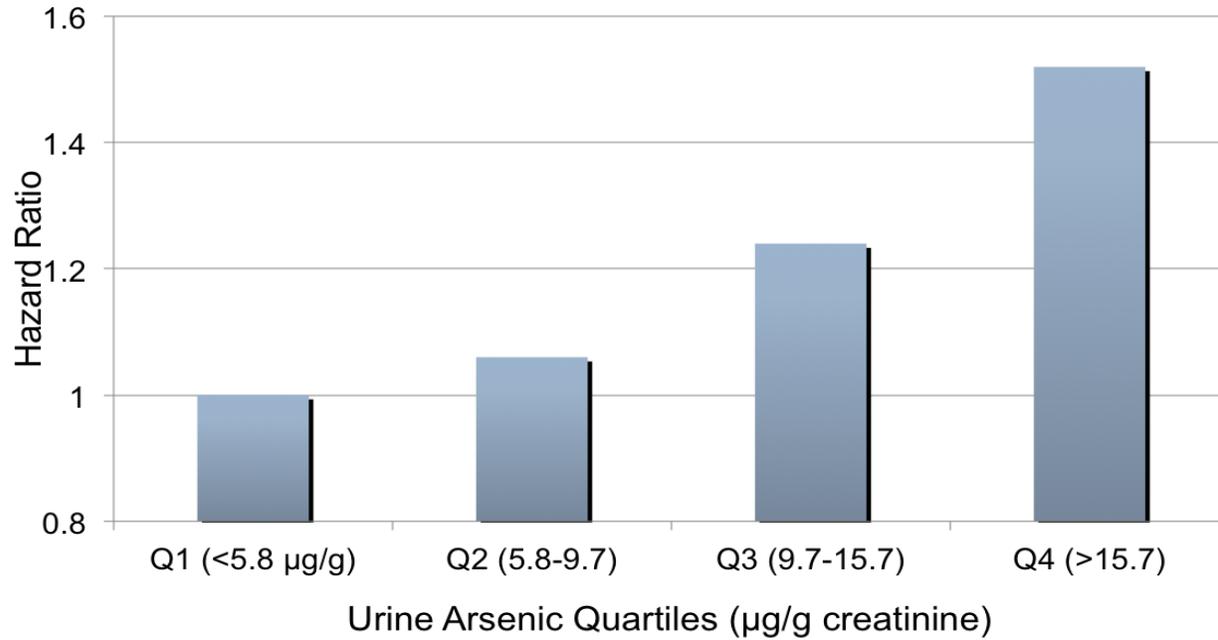
Arsenic and incident CVD over 20 years

Cardiovascular disease mortality



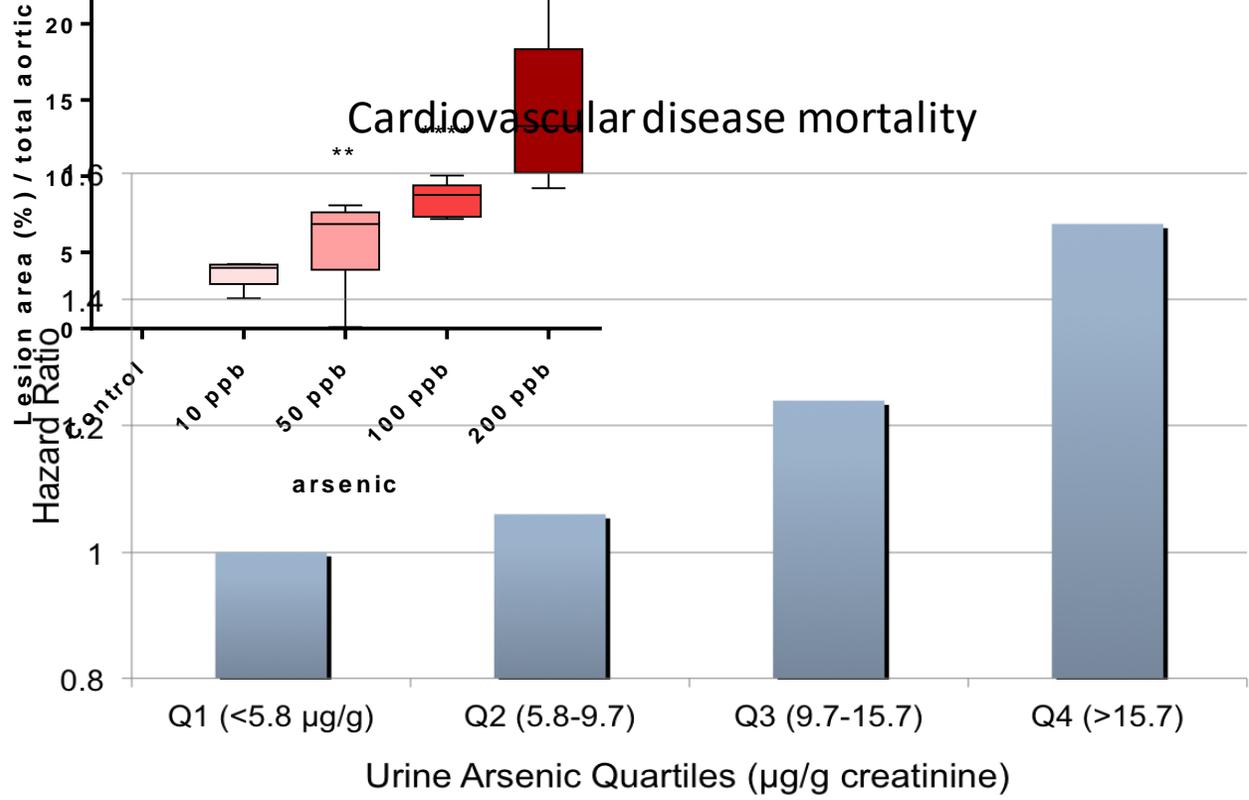
Arsenic and incident CVD over 20 years

Cardiovascular disease mortality



- Consistent findings in rural Colorado San Luis Valley Diabetes Study (James et al. EHP 2015)

Arsenic and incident CVD over 20 years



- Consistent findings in rural Colorado San Luis Valley Diabetes Study (James et al. EHP 2015)
- Consistent findings in a ApoE-/- model



Koren Mann



Tap water arsenic for 13 weeks

Arsenic and Cancer



Dorothy Rhoades
U. Oklahoma

Hazard ratios (95% confidence interval) comparing 80th vs. 20th percentile for the sum of inorganic and methylated arsenic species

	Cases/ Non-cases	Model 1	Model 2
Lung	80 / 3606	1.59 (1.05, 2.42)	1.56 (1.02, 2.39)
Prostate	16 / 1483	1.91 (0.82, 4.41)	3.30 (1.28, 8.48)
Liver	21 / 3665	1.50 (0.76, 2.97)	1.34 (0.66, 2.73)
Kidney	26 / 3660	0.69 (0.25, 1.90)	0.44 (0.14, 1.90)
Pancreas	24 / 3662	2.26 (1.04, 4.88)	2.46 (1.09, 5.58)
Lymphatic/hematopoietic	35 / 3651	0.59 (0.29, 1.17)	0.46 (0.22, 0.96)
Total cancer	385/ 3546	1.16 (0.94, 1.42)	1.14 (0.92, 1.42)

Model 1 stratified by region and age adjusted (staggered entries)

Model 2 further adjusted for sex, education, body mass index, and smoking status (kidney cancer also adjusted for eGFR)

- No association with cancers of the breast, esophagus, stomach, colon/rectum
- Insufficient number of cases to evaluate bladder and skin cancer

What are the possible mechanisms?

THE 10 MECHANISMS OF ENVIRONMENTAL HEALTH

1,2,3,* Tim S. Nawrot, 4,5 and Andrea A. Baccarelli⁶

1. Epidemiology, Helmholtz Zentrum München, German Research Center for Environmental Health, Institute for Medical Information Processing, Biometry and Epidemiology, Medical University of Munich, 81377 Munich, Germany

2. Environmental Health, Harvard T.H. Chan School of Public Health, Boston, MA, USA

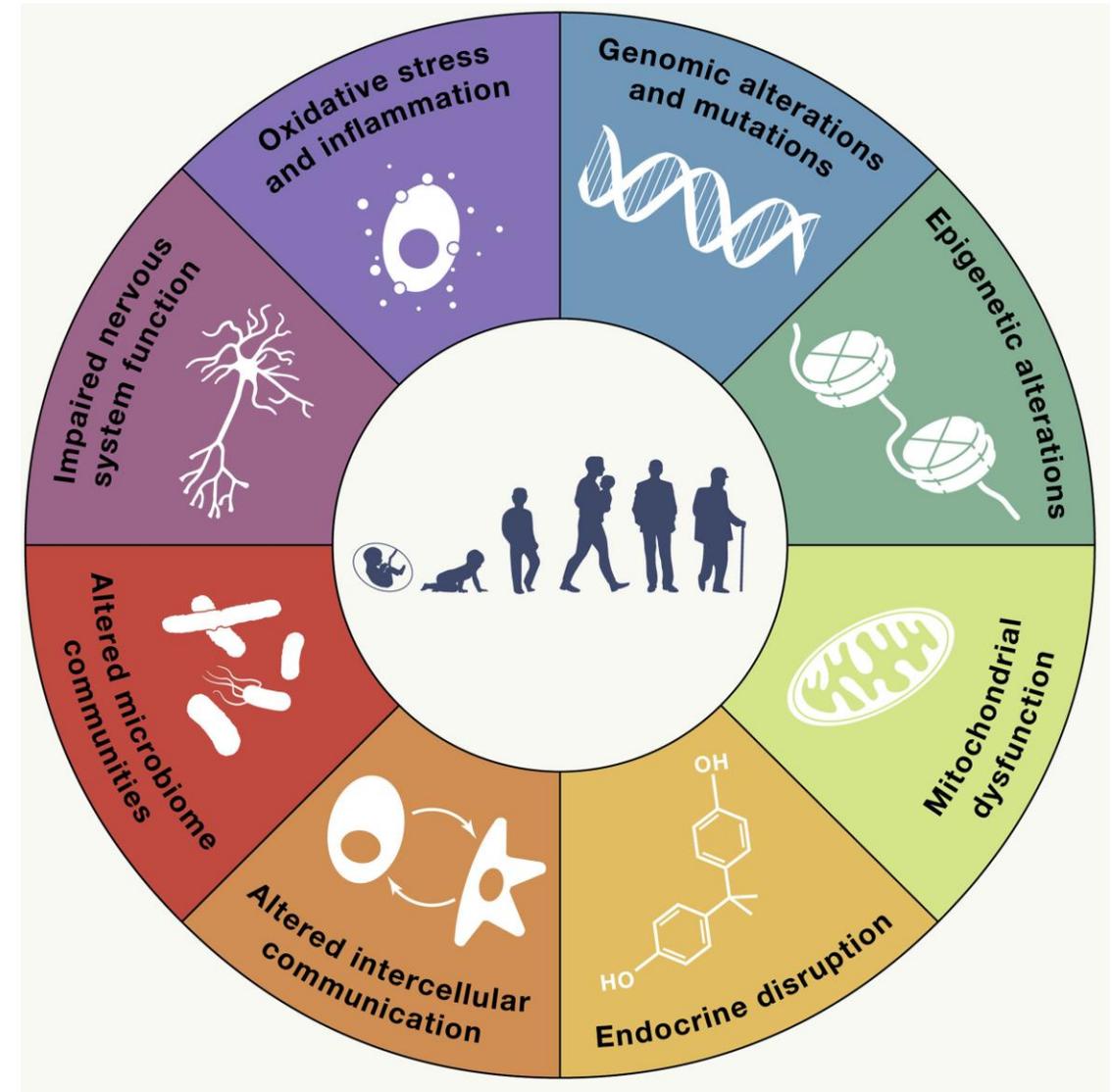
3. Environmental Sciences, Hasselt University, Hasselt, Belgium

4. Health Unit, Leuven University, Leuven, Belgium

5. Environmental Health Sciences, Mailman School of Public Health, Columbia University, New York, NY, USA

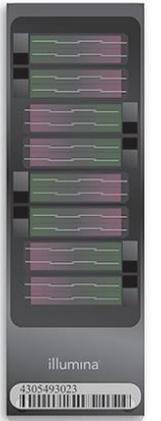
6. Email: peters@helmholtz-muenchen.de

DOI: [10.1016/j.cell.2021.01.043](https://doi.org/10.1016/j.cell.2021.01.043)

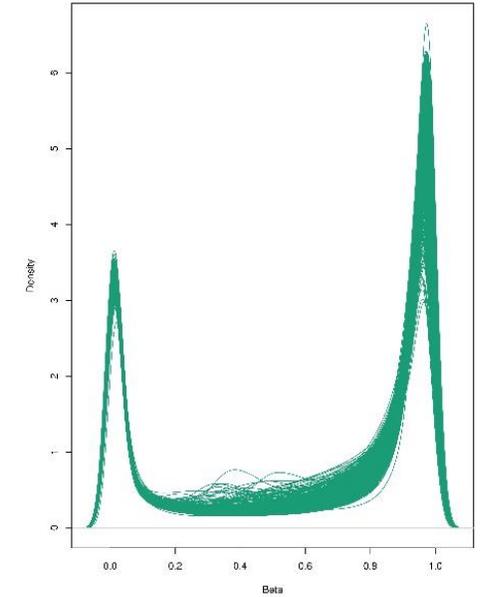
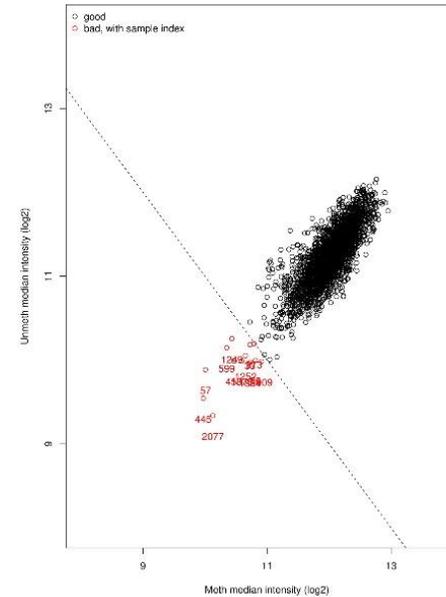
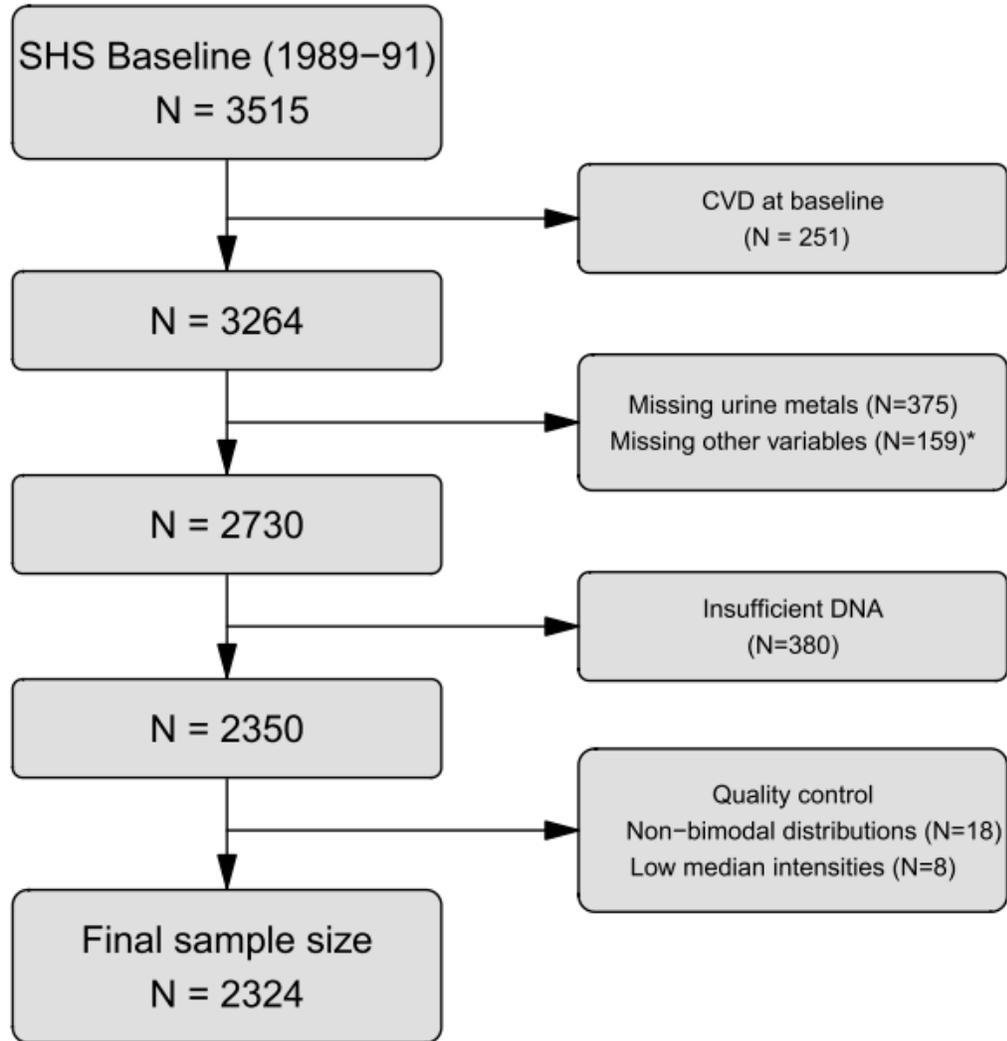




Blood DNA methylation (DNAm)



Illumina's
MethylationEPIC Array



788,368 CpGs available for analysis

* 5 participants missing education, 2 smoking status, 11 BMI,
52 LDL cholesterol, 14 hypertension treatment, 111 eGFR, 30 diabetes



Strong Heart Study Newsletter

Investigating Cardiovascular Disease in American Indians

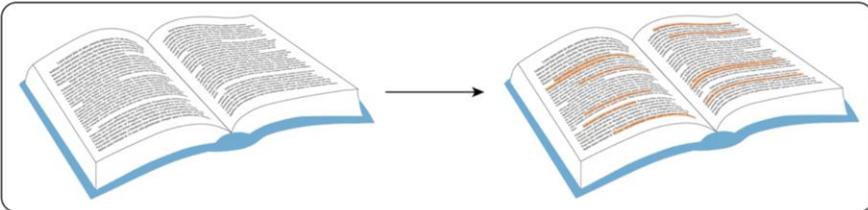
Updates for Community Members and Strong Heart Study Participants

Volume 29, Issue 1 Winter 2019

WHAT IS EPIGENETICS?

DNA is made up of a sequence of bases (called A, T, G, and C). All cells in your body contain the same, unique DNA sequence. Epigenetics is the study of changes to a person's DNA that are not due to changes in the DNA sequence. So, what does that mean? The DNA sequence provides instructions for cells. The instructions are communicated through gene expression. However, not all cells follow the same set of instructions. For example, some cells become muscle cells and some cells become brain cells. Epigenetic markers provide instructions to turn some genes on and to turn some genes off so they become what they were meant to be. It is similar to highlighting in a book showing which parts are important to read.

Like highlighting, epigenetic markers tell a cell which parts of DNA are important.



Epigenetic markers include DNA methylation. – Anne Bozack, Doctoral Student, and Ana Navas-Acien, MD, MPH, PhD, Professor, Columbia University

EPIGENETICS AND THE ENVIRONMENT

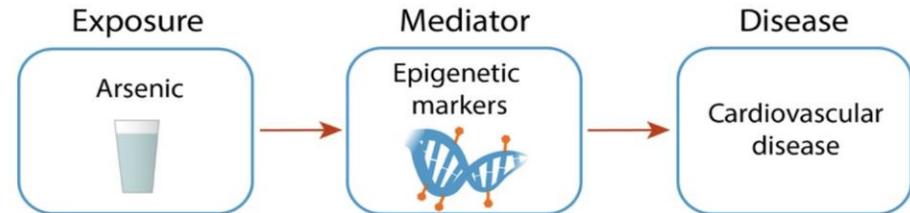
The environment around us and our experiences can cause changes to epigenetic markers. These changes can help our bodies adjust to stress. For example, they allow muscles to grow when you exercise. However, these changes can also lead to problems and to disease. Environmental exposures such as diet, tobacco, and arsenic can change epigenetic markers. – Anne Bozack, Doctoral Student, and Ana Navas-Acien, MD, MPH, PhD, Professor, Columbia University



19

WHAT CAN WE LEARN ABOUT EPIGENETICS FROM THE STRONG HEART STUDY?

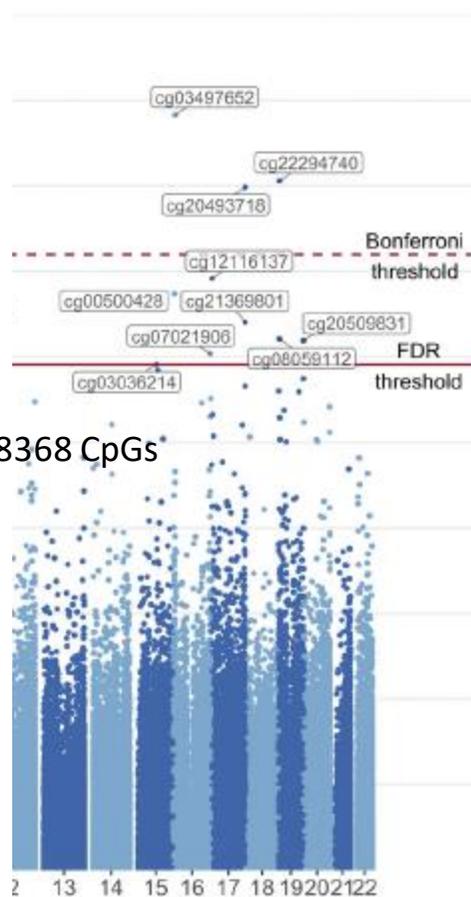
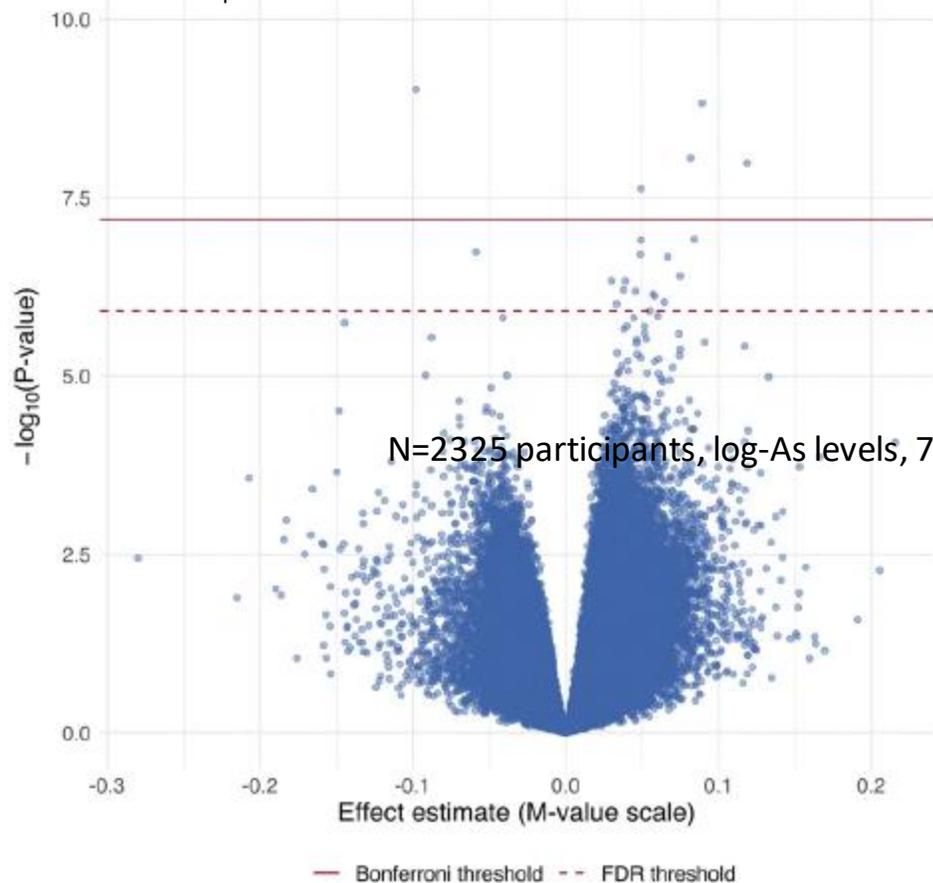
Exposure to arsenic through water and food may increase the risk of cardiovascular disease. We have measured epigenetic markers in the form of DNA methylation in blood samples from participants in the Strong Heart Study. We are using these data to investigate if epigenetics is a factor that acts between arsenic exposure and CVD. We are asking the following questions: (1) does arsenic change epigenetic markers? (2) Do these epigenetic changes affect heart disease? We hope the answers to these questions will lead to new ways to prevent heart disease. – Anne Bozack, Doctoral Student, and Ana Navas-Acien, MD, MPH, PhD, Professor, Columbia University



DO BEHAVIORS CHANGE GENE FUNCTION? SMOKING AND GENE FUNCTION

Early data from the Strong Heart Study (SHS) confirms the effects of smoking on our genes. The SHS has collected data on changes that smoking can make to genes in the DNA collected from SHS participants. These are chemical changes that can occur to any of our many genes. These changes cause the DNA to be "methylated", and can turn genes on and off. This is called epigenetic modification. There are a number of studies that have reported that two genes in particular get this modification, or change, in smokers. Using early data from the SHS we were able to identify these same changes in the DNA of current cigarette smokers. One gene has been known to be associated with increased risk of heart disease (F2RL3). Another gene is associated with processes that get rid of toxins from cigarette smoke (AHRR). Confirming these results in the SHS data means that our SHS data are of high quality. We are analyzing the data for additional, unique findings regarding the impact of our behavior on our genes. – Shelley Cole, PhD, Associate Professor and Program Co-lead Population Health, Texas Biomedical Research Institute





8-conformant HTML version of this article available at <https://doi.org/10.1289/EHP6>

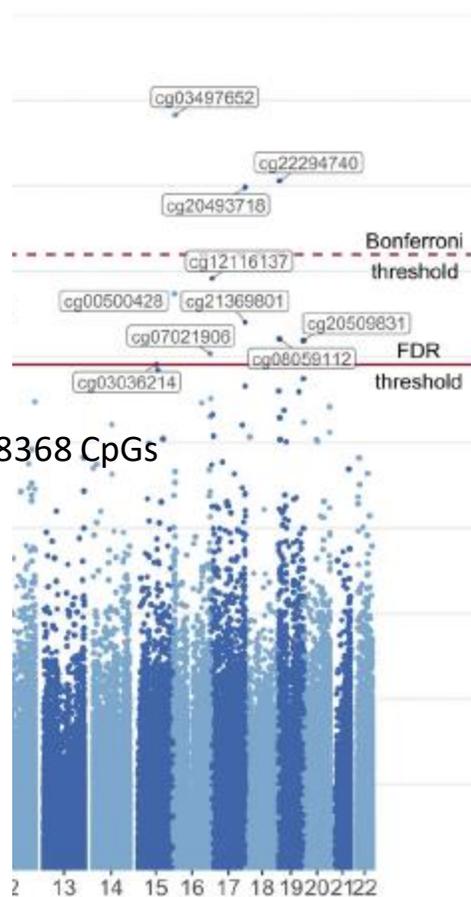
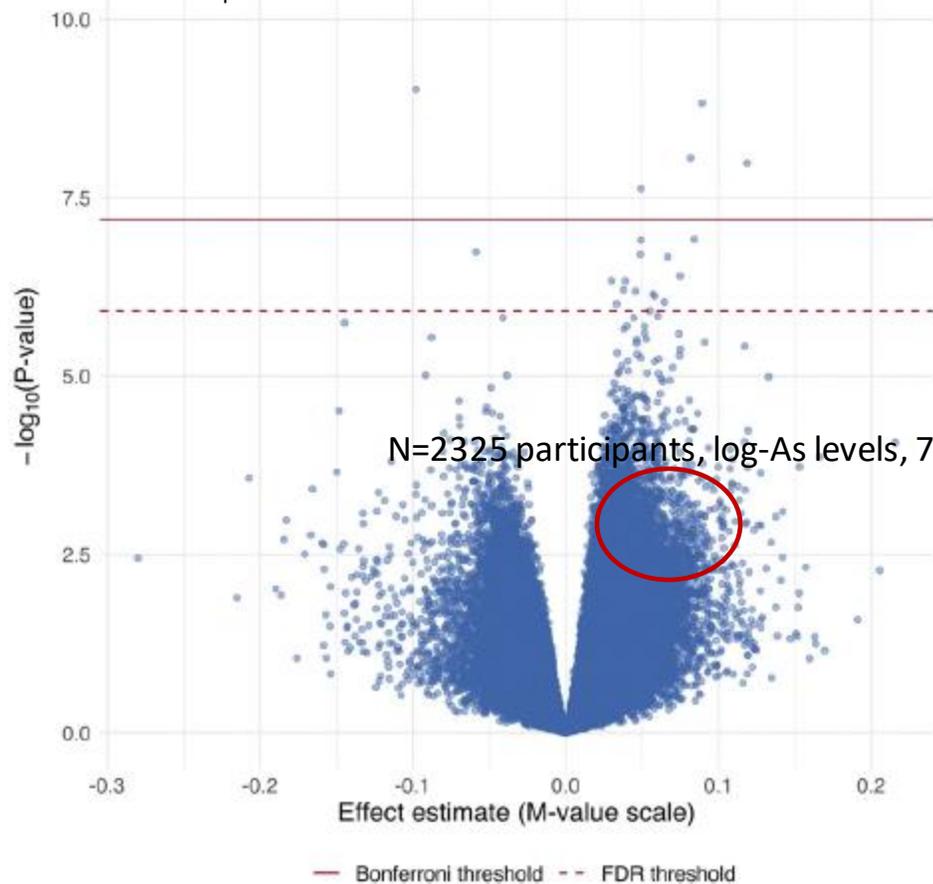


Anne Bozack

nic:
with

^{2,3} Jason G. Umans,^{5,6}
⁰ Walter Goessler,¹⁰

Figure 2. Volcano plot for the epigenome-wide association of log(total urinary arsenic levels) and DNA methylation levels. Limma models adjusted for age, sex, BMI, self-reported smoking status, education (<high school, high school graduate or GED, >high school), study center (Arizona, Oklahoma, North and South Dakota), estimated glomerular filtration rate, and cell-type proportion estimates. The solid line represents the Bonferroni threshold and the dashed line represents the FDR threshold for significance. Note: BMI, body mass index; FDR, false discovery rate; GED, General Education Diploma.



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Top CpG annotated to *SLC7A11A*, gene involved in cysteine/glutamate transport and glutathione biosynthesis

RESEARCH

Open Access

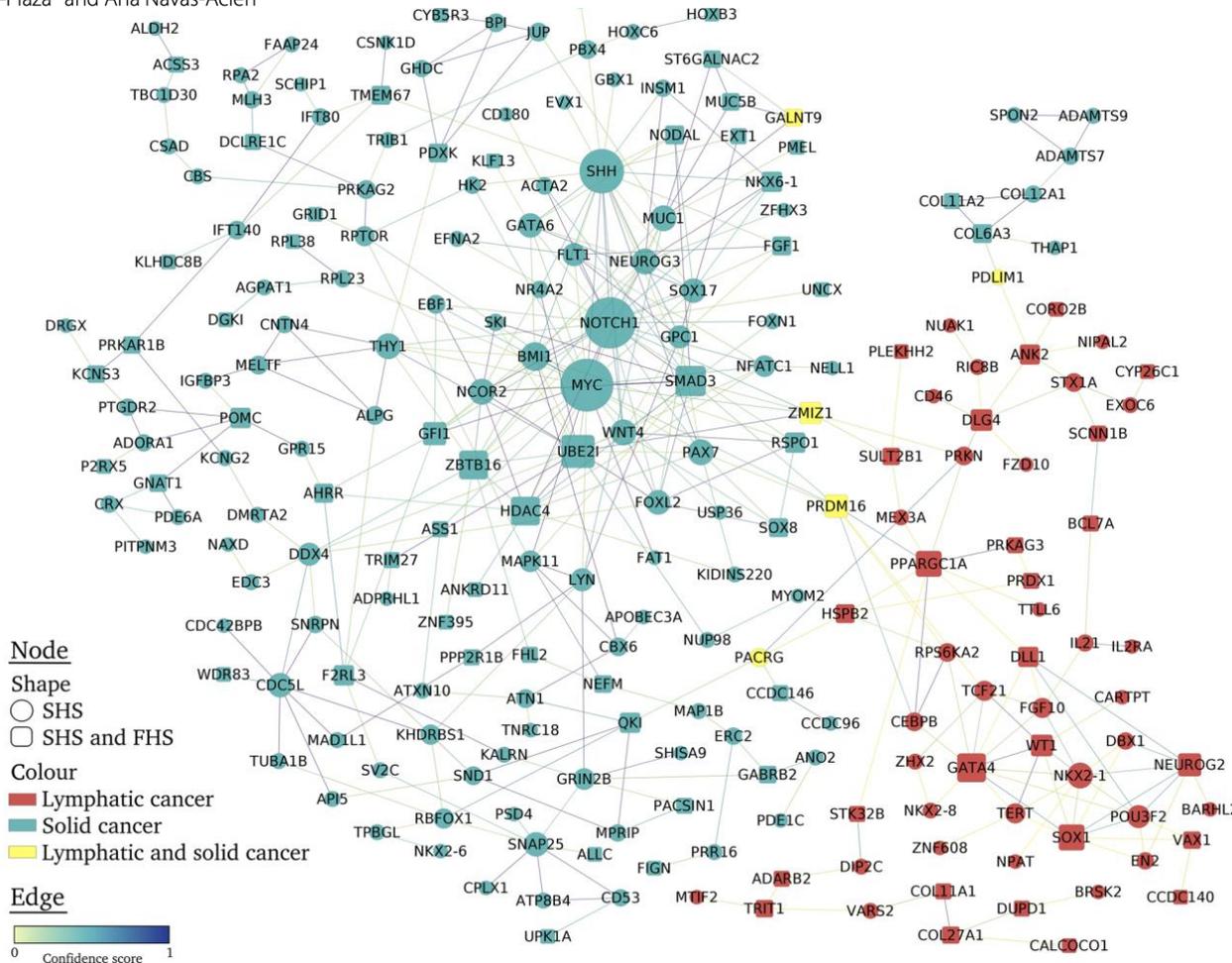


Arce Domingo,
PhD student

DNA methylation and cancer incidence: lymphatic-hematopoietic versus solid cancers in the Strong Heart Study

Protein-protein interaction network of differentially methylated positions (DMPs)

Arce Domingo-Reloso^{1,2,3*}, Tianxiao Huan^{4,5}, Karin Haack⁶, Angela L. Riffo-Campos⁷, Daniel Levy^{4,5},
M. Daniele Fallin^{8,9}, Mary Beth Terry¹⁰, Ying Zhang¹¹, Dorothy A. Rhoades¹², Miguel Herreros-Martinez¹³,
Esther Garcia-Esquinas^{14,15}, Shelley A. Cole⁶, Maria Tellez-Plaza² and Ana Navas-Acien^{1*}



Node

- SHS
- SHS and FHS

Colour

- Lymphatic cancer
- Solid cancer
- Lymphatic and solid cancer

Edge



Collaboration in consortium projects

Christiansen *et al. Clin Epigenet* (2021) 13:36
<https://doi.org/10.1186/s13148-021-01018-4>

Clinical Epigenetics

RESEARCH

Open Access

Novel DNA methylation signatures of tobacco smoking with trans-ethnic effects



C. Christiansen¹ , J. E. Castillo-Fernandez¹, A. Domingo-Relloso^{2,3,4}, W. Zhao⁵, J. S. El-Sayed Moustafa¹, P.-C. Tsai^{1,12,13}, J. Maddock⁶, K. Haack⁷, S. A. Cole⁷, S. L. R. Kardina⁵, M. Molokhia⁸, M. Suderman⁹, C. Power¹⁰, C. Relton^{9,10}, A. Wong⁶, D. Kuh⁶, A. Goodman¹¹, K. S. Small¹, J. A. Smith⁵, M. Tellez-Plaza³, A. Navas-Acien², G. B. Ploubidis¹¹, R. Hardy⁶ and J. T. Bell^{1*}

and diverse populations



ARTICLE

<https://doi.org/10.1038/s41467-021-27234-3>

OPEN

Meta-analyses identify DNA methylation associated with kidney function and damage

Environmental Health Perspectives

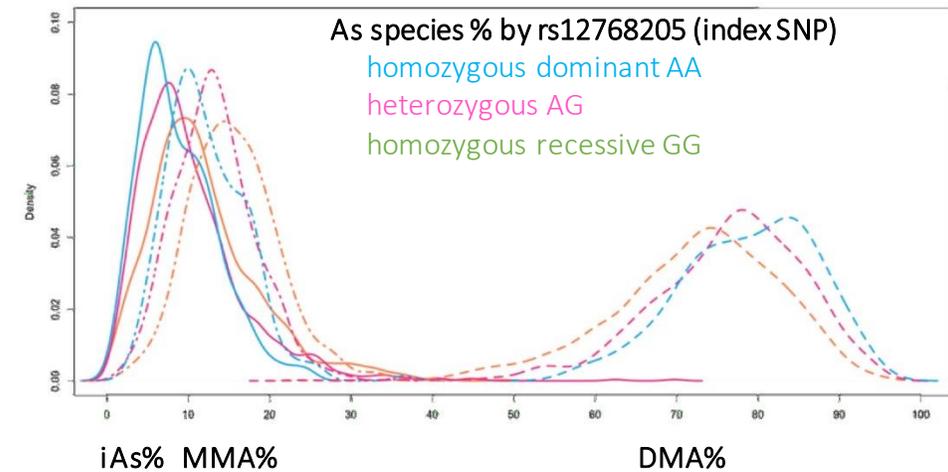
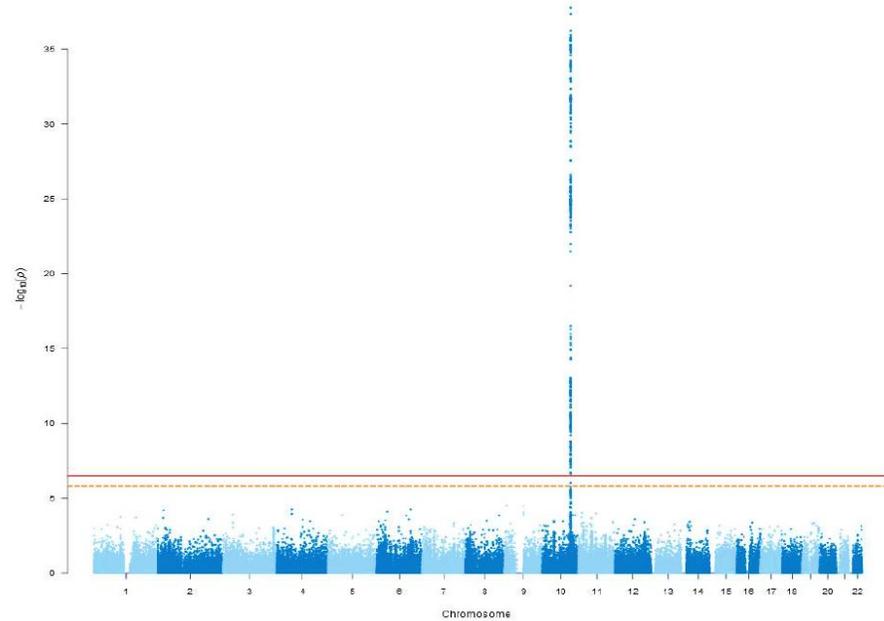
Research

Rare, Protein-Altering Variants in *AS3MT* and Arsenic Metabolism Efficiency: A Multi-Population Association Study

Dayana A. Delgado,¹ Meytal Chernoff,¹ Lei Huang,² Lin Tong,¹ Lin Chen,¹ Farzana Jasmine,¹ Justin Shinkle,¹ Shelley A. Cole,³ Karin Haack,³ Jack Kent,³ Jason Umans,⁴ Lyle G. Best,⁵ Heather Nelson,⁶ Donald Vander Griend,⁷ Joseph Graziano,⁸ Muhammad G. Kibriya,¹ Ana Navas-Acien,⁸ Margaret R. Karagas,⁹ Habibul Ahsan,^{1,10,11,12} and Brandon L. Pierce^{1,10,11}

Manhattan plot for DMA% in Strong Heart Family Study

AS3MT (10q24) encodes enzyme arsenic (III) methyltransferase



Metabochip



Analysis based on ~200,000 SNPs from common variants in GWAS and less common variants associated with cardiometabolic traits

Arsenic-AS3MT index SNP interaction on HOMA-IR

	N	GMR (95% CI)	P int.	GMR of HOMA-IR by iAs% vs MMA%
rs12768205				
G/G	786	1.13 (1.04, 1.21)	0.03	
G/A	627	1.04 (0.97, 1.12)		
A/A	135	1.03 (0.90, 1.17)		
Overall	1548	1.09 (1.02, 1.17)		

GMR: geometric mean ratio

Role of genetics in urine cadmium levels

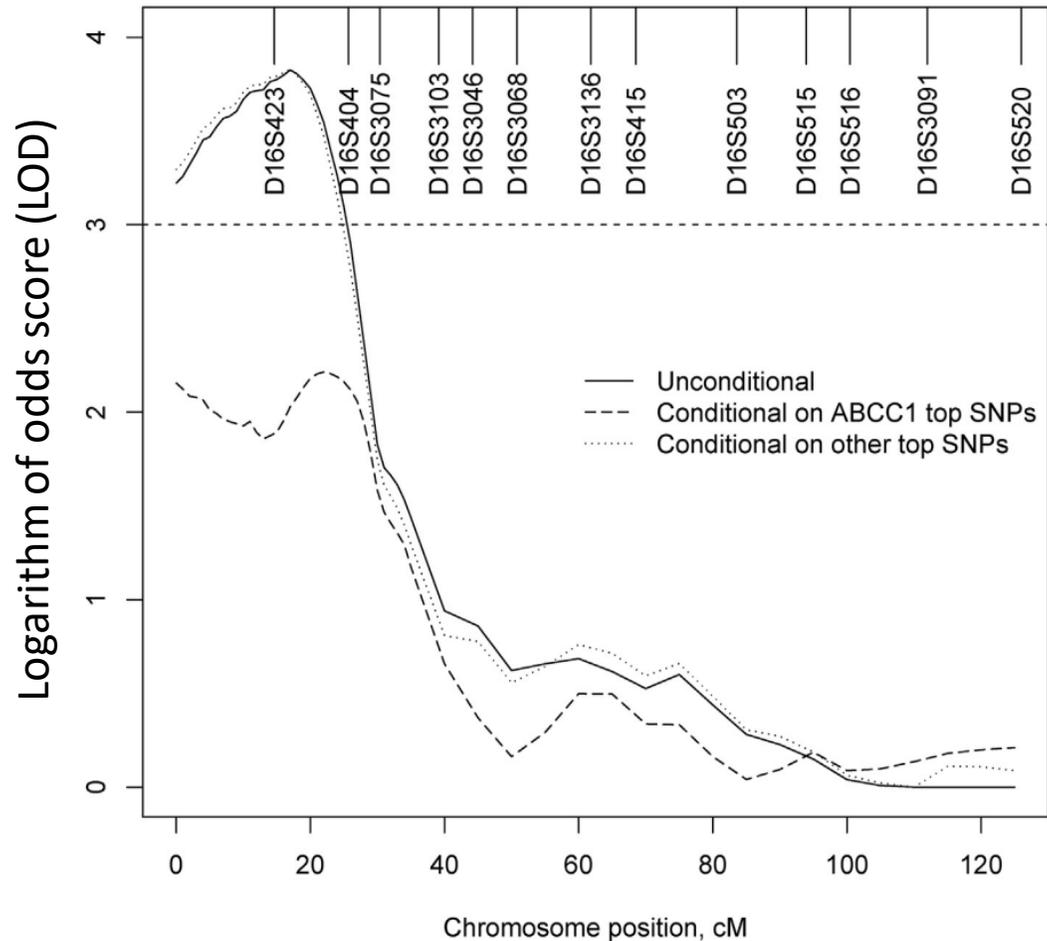


Maria Tellez



Maria Grau

Chromosome 16, QTL linkage with and without SNP adjustment



- Evidence of a genetic locus on Chromosome 16 associated with urinary cadmium in a linkage analysis (N=1936)
- Peak reduced by 40% after adjustment for the top 20 SNPs annotated to *ABCC1*

Adjusted for age, age², sex, age*sex, age²*sex, smoking status (never, former, current), location and urine zinc (log mg/g creatinine). In conditional QTL linkage analysis statistical models were additionally adjusted for SNPs annotated to *ABCC1* and genes other than *ABCC1* among the top 20 significant SNPs.

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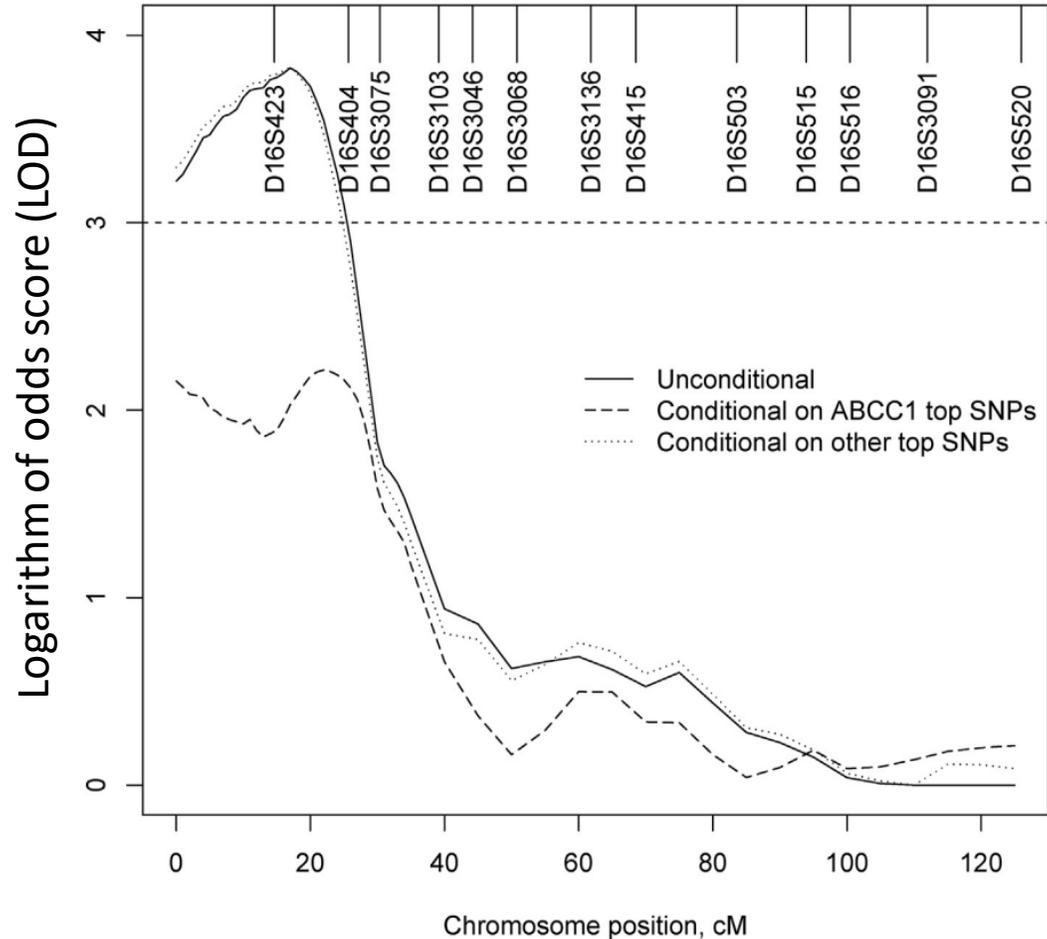


Maria Tellez



Maria Grau

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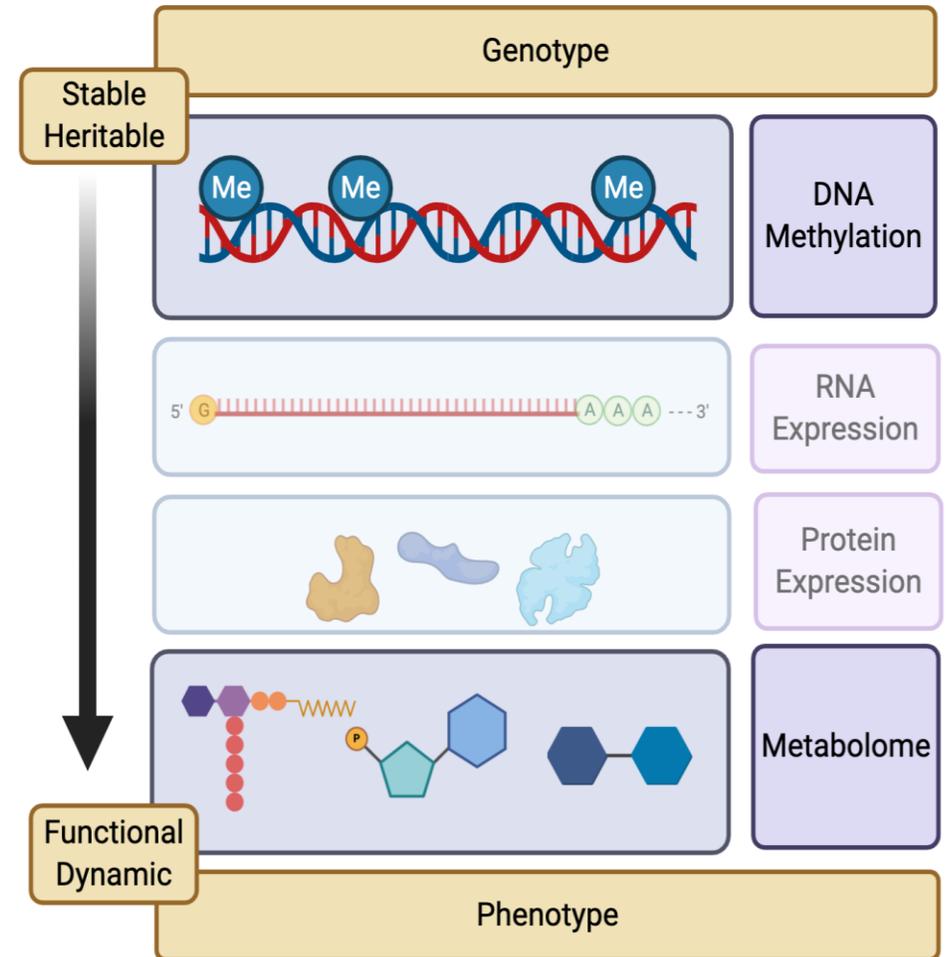


- Evidence of a genetic locus on Chromosome 16 associated with urinary cadmium in a linkage analysis (N=1936)
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- **Urgent need: Metal-GWAS Initiative**

Adjusted for age, age², sex, age*sex, age²*sex, smoking status (never, former, current), location and urine zinc (log mg/g creatinine). In conditional QTL linkage analysis statistical models were additionally adjusted for SNPs annotated to *ABCC1* and genes other than *ABCC1* among the top 20 significant SNPs.

Possible molecular mechanisms for metal-related disease

- Increasing evidence that metals effects involve a dynamic and interactive system of molecular layers
- Multi-omics approaches can help us characterize metal-induced disease, including cardiovascular disease



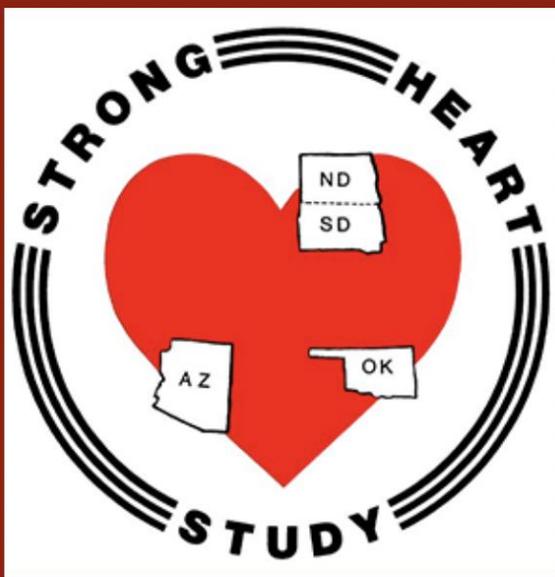
Credit: Allison Kupsco



Strong Heart Study

The largest epidemiologic study of cardiovascular disease in American Indians

- HOME
- ABOUT
- COMMUNITY ▾
- RESEARCH ▾
- EDUCATION ▾
- MEDICAL PROVIDERS
- INTERNAL
- CONTACT US



RESEARCH



EDUCATION



COMMUNITY

ANNOUNCEMENTS

Strong Heart Study is conducting Virtual Public Health Training Sessions from March - June 2021

[Please click this link for more details.](#)

Phase VII exam planning phase

[Click here for more details.](#)

The Strong Heart Study is a study of cardiovascular disease and its risk factors among American Indians. Field Centers are located in Arizona, North and South Dakotas, and Oklahoma.

Strong Heart Study website: source of information for multiple stakeholders

Data ownership and data sharing

- Who owns the data?
- Who allows data sharing and in which terms?

Tribal communities are resisting unrestricted data sharing



<http://countercurrentnews.com/2016/11/dakota-access-pipeline-builders-admit-protests-cost-100-million/>

Data ownership and data sharing

- Who owns the data?
- Who allows data sharing and in which terms?
- Who profits from research

Genomics data: the broken promise is to Indigenous people

In lamenting the “broken promise that undermines human genome research”, this journal implies that researchers have a right to access information across databases (see *Nature* 590, 198–201; 2021). In our view, this problematically frames ‘equity’ and ‘progress’ for scientists and dismisses the rights of those who contributed the DNA. As Indigenous geneticists, we remind researchers of the broken promise to extend medical benefits to communities whose genomic data are publicly available.

The genomes of Indigenous people are sought for their unique variation: new genotype–phenotype associations in isolated, small populations are used to advance precision medicine. We take issue with the fact that the Human Genome Diversity Project publicly shares with industries that profit from the ‘big data’

economy genomic information gleaned from central-south American Indigenous individuals (K. Fox *N. Engl. J. Med.* 383, 411–413; 2020). Meanwhile, wide disparities persist in the health of Indigenous people, owing to intractable power inequities, including in research, that precision medicine is unlikely to address (K. S. Tsosie *et al. Nature Rev. Genet.* 20, 497–498; 2019).

We contend that the FAIR Principles (see go.nature.com/2nqzcxo) for data sharing grant too much decision-making authority to researchers outside of tribal governances. To understand the duty to steward data, look instead to the CARE Principles (collective benefit, authority to control, responsibility and ethics; see

go.nature.com/3vsenhk). Data are not a gift. At best, they are ‘on loan’, and hence revocable if misused. Data are a responsibility not an entitlement.

Krystal S. Tsosie, Keolu Fox, Joseph M. Yracheta Native BioData Consortium, Eagle Butte, South Dakota, USA.
krystal@nativebio.org

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Krystal S. Tsosie, Keolu Fox, Joseph M. Yracheta Native BioData Consortium, Eagle Butte, South Dakota, USA.
krystal@nativebio.org

WORLD VIEW A personal take on events



Indigenous peoples must benefit from science

To drive sustainable development, Dyna Rochmyaningsih argues, science must empower rural communities — not just serve industry and governments.

22 OCTOBER 2015 | VOL 526 | NATURE | 477

MITIGATION
MUST BE THE
RESPONSIBILITY OF
EVERYONE
ON THE PLANET,
NOT JUST
SCIENTISTS,
BUSINESSMEN AND
POLICYMAKERS.

Research data relevant at multiple levels

- **Local level:** prevention and intervention
provide control data
- **Regional level:** increase resources, prevention strategies
- **Country and global level:** policy
 - EPA risk assessment
 - IARC: cancer evaluation
 - WHO: drinking water standards

<http://rapidcityjournal.com/news/local/mni-wiconi-water-reach>

Mni Wiconi water reaching Pine Ridge

Gathering heralds arrival of lines that carry clean water

Mary Garrigan, Journal staff Aug 19, 2008



Planning a participatory intervention study in South Dakota



Meeting at Eagle Butte, SD



Meeting at Martin, SD

Making those meetings and work possible is Marcia O'Leary, RN
Director of Missouri Breaks Industry Research, the local organization
that conducts the Strong Heart Study in North and South Dakota



Strong Heart Water Study for Private Wells

- Participatory randomized trial in South Dakota
- Filters installed to eliminate arsenic in drinking water
- Education intervention vs. standard information



**Christine
George**

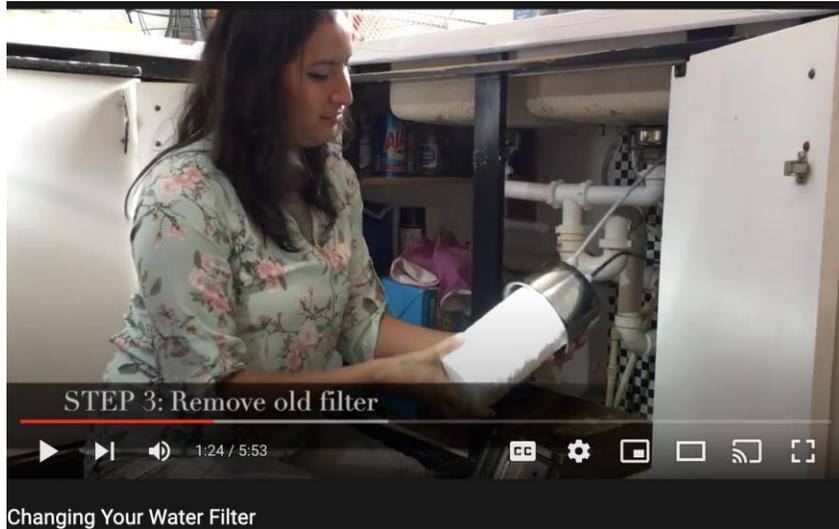


**Marcia
O'Leary**



**Tracy
Zacher**

Strong Heart Water Study for Private Wells: Tools for Communities



Rae O'Leary
Indigenous Health
Communication Specialist



Communities and participants make research possible

- Engagement and participation
- Support of science
- Contributions to research questions
- Contribution to conduction of research
- Data access and decision-making
- Research can and must benefit communities
 - Benefits are sometime slow
 - Researchers need to be actively engaged



Funding sources



R01HL090863 (completed)
R01ES021367 (completed)
R01ES025216 (completed)
R01ES032638
75N92019D00023



R01ES025135



P42ES010349



P30ES009089

Students and trainees move the science forward: drive and creativity



Arce Domingo
PhD student



Ahlam Abuawad
PhD student CU



Maya Spaur
PhD student CU



Marisa Sobel
PhD student CU



Joseph Yracheta
DrPH student
Johns Hopkins



**Will Lieberman-
Cribbin**
PhD student CU



**Irene Martinez-
Morata**
PhD CU



Christian Dye
Post-doc CU



Kevin Patterson
Year gap



Enoch Jiang
Year gap



Filippo Ravalli
MPH student CU



Kaila Boyer
MPH student CU



Monique Slowl,
4+1 MPH CU



Marilyn Santo,
CU undergrad
PRIMER



Marta Galvez,
Prev. Medicine
resident



Katlyn McGraw
Post-doc CU